



# Spiritual development in Iranian nurses

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## Abstract

**Background:** Spiritual development is one of the most important aspects of socialization that has attracted the attention of researchers. It is needed to train nursing student and novice nurses to provide high-quality care for patients. There is ambiguity in the definition of spiritual development and its relations, especially in the eastern countries.

**Research objectives:** To explore the concept of spiritual development in Iranian nurses.

**Research design:** Qualitative content analysis approach. Data were gathered from semi-structured interviews. Participants and research context: The participants were 17 Iranian Muslim nurses selected using a purposeful sampling. The place of interviews was on their choice.

**Ethical considerations:** Based on the principles of the Helsinki declaration, the focus was on preserving the participants' autonomy, confidentiality, and anonymity. The participants were told the study purposes and trends, and their rights were emphasized; they were then asked to sign written consent forms. Formal research approval was obtained from Kerman University of Medical Sciences. Ethical approval was granted by the University Ethics Committee before the study was conducted (K/92 etc).

**Findings:** Three themes for spiritual development were defined: obligation to religion, commitment to ethics, and commitment to law. From the results, factors such as connection to the limitless divine power, personal and society-oriented ethical codes, and commitment to the law are proposed.

**Discussion:** There are some differences between these findings and previous study, especially in the relation of the spirituality, religion, and law. Some studies, mostly Iranian, support these findings partially.

**Conclusion:** The results suggest that it is better to teach nursing education based on humanistic principles, ethics, and law to the new generation of nurses to improve community health and development. More studies are needed to examine the relation between these themes.

## Keywords

Ethics, Iranian nurse, law, qualitative study, religious, spiritual development

## Introduction

Spiritual development is one of the most important aspects of socialization and is the goal of life. It shapes human personality and moral development.<sup>1</sup> It has attracted the attention of researchers<sup>2</sup> as it relates to spirituality<sup>3</sup> and spiritual care.<sup>4</sup> Man is a spiritual being<sup>5</sup> and spirituality is a feeling of connection to the ultimate power.<sup>3</sup> This phenomenon is essential in nursing<sup>6</sup> as a source of support for adaptation to chronic diseases such as cancer and its side effects.<sup>7</sup> A lack of spirituality decreases the energy of the nurse and is a source of emotional problems in situation of conflict.<sup>3</sup> It has been suggested that this concept should be included in nursing textbooks<sup>8</sup> and curriculum.<sup>9</sup>

Spiritual care that is a part of holistic care<sup>3,4,10</sup> promotes the spirituality of patients and helps form their spiritual identity.<sup>11</sup> The best environment for spiritual care is clinical specialty hospitals,<sup>12</sup> and the points of view, experiences, spirituality, and spiritual training of nurses are effective in the manner and influence of providing spiritual care.<sup>13,14</sup> Inadequate training<sup>15</sup> and lack of skill for spiritual care among nurses<sup>16</sup> mean that the spiritual needs of patients are often neglected.<sup>17</sup> It is necessary for managers and nursing programmers to incorporate spiritual care as a philosophy into nursing training and practice<sup>4</sup> and create a suitable environment for training about spiritual care.<sup>18</sup> But some factors such as affective response, lack of universal definition of the spirituality, and ambiguity in spirituality-religious relationship hindered the effective teaching of it.<sup>19</sup>

The spiritual experiences of students can be helpful when acquiring skill to care for patients spiritually.<sup>3</sup> Shores<sup>20</sup> indicates that spiritual care is related to the misfortunes experienced by patients, the age of patients, and their impending death. Spiritual development of nurses provides them with stress management procedures and ways to deal better and more firmly with moral dilemmas and make brave decisions for the care of their patients.<sup>3</sup>

Spiritual development contributes to spiritual health, increases the quality of life, and promotes personality<sup>5</sup> and decreases antisocial behaviors.<sup>21</sup> In recent years, the attention to the study of ethical principles, spirituality, and its effect in working environments has grown,<sup>2,22</sup> particularly in eastern societies, where more study is required to recognize spirituality and put it into practice.<sup>15</sup> Nursing educators and nurses must have good spiritual development to be able to provide appropriate spiritual care to patients.<sup>3</sup> One important moral skill that requires attention during the training of new nursing forces is spiritual development; however, this bears no unique definition. The complexity of and unfamiliarity with this issue and its abstractness leave many questions unanswered without a quantitative research methodology.

## Background in Iran

Islam is the predominant religion in Iranian people, and the religious doctrine emphasizes on the nursing profession as sacred and noble profession. In fact spirituality, together with religion in Iran, has influenced the Iranian life and works,<sup>23</sup> but there was not any study about spiritual development in Iranian nurses. Thus, it is very interesting to look at spiritual development through their lens. This background is mentioned to help international readers to understand the necessity of conducting a qualitative study on spiritual development in Iranian nurses.

## Literature review

Benson and Roehlkepartain<sup>24</sup> stated in 2008 that spiritual development has three dynamic intervening parts: belongings and connections, awareness and awakening, and lifestyle. McSherry and Jamieson examined the perception of the nurses about spirituality using an online survey in 2013. Five themes emerged: (1) spirituality as a theoretical and conceptual phenomenon, (2) spirituality is a fundamental of nursing, (3)

spirituality as part of integrated nursing care, (4) education and professional development, and (5) religious beliefs and professional practice. They emphasized spirituality as an essential and fundamental part of nursing that must be further clarified.<sup>25</sup>

Bryant<sup>26</sup> examined the effect of gender on spiritual development in college. Bryant found that (1) women are more religious and spiritual than men, (2) spirituality and charity work were positively related to spirituality in both sexes, (3) spiritual identity had a stronger effect on spiritual development in men, (4) academic experience had negative effect on spirituality in men, and (5) involvement in religious groups increased spirituality more strongly in women than men.<sup>26</sup>

## **Aim**

This study was conducted to explore the concept of spiritual development from the viewpoint of Iranian clinical nurses.

## **Methods**

### *Study design*

This study was a part of a dissertation for a PhD in nursing using concept development. The data for this portion were analyzed using content analysis as suggested by Graneheim and Lundman<sup>27</sup> and which is commonly used by researchers for nursing because it addresses the complicated and sensitive issues experienced.<sup>28,29</sup>

### *Setting*

This study was conducted in both private and state hospitals in the provinces of Tehran, Isfahan, Alborz, Kerman, and Khuzestan in Iran. All nurses had worked in the coronary care unit (CCU), intensive care unit (ICU), emergency department (ED), or operation room (OR) of the hospitals for at least the last 2 years. These wards were selected because they were recognized as suitable for the greater study. Written permission to conduct the study was obtained from Kerman University of Medical Sciences and their letter of introduction was used to contact hospital officials to discuss their participation in the program. The head nurses of the targeted wards were then consulted to describe the aim and features of the study, to ask their consent for participation, and to select potential participants.

### *Participants*

The participants were 17 nurses selected by the purposeful sampling approach for saturated data. All the nurses were Iranian Muslims aged 26–46 years (average: 32.9 years). They were selected according to the following inclusion criteria: speakers of Farsi; worked in the ICU, CCU, ED, or OR for at least the last 2 years; and wanted to share their experiences about spiritual care for patients and related issues. Three participants were supervisors; one had experience in all levels of nursing from nurse's aid to nurse manager, and one had been a clinical supervisor and dean of faculty of nursing; thus, a wide variety of participants were selected (Table 1).

### *Data collection*

The interview is a method of data collection common to qualitative studies.<sup>30</sup> In this study, in-depth, face-to-face, semi-structured interviews were used to collect data. The length of the interview was 25–82 min and

**Table 1.** Characteristics of study participants.

Characteristics	No.
Average age	32.9
Years of experience	8.8
Sex	
Male	3
Female	14
Marital status	
Married	8
Single	9
Education	
Undergraduate	15
Postgraduate	2
Work place	
CCU	7
ICU	5
Emergency	3
Operation room	1

CCU: coronary care unit; ICU: intensive care unit.

averaged 54.6 min. The comfort of the interviewees was considered when selecting the place, time, and duration of the interviews. If it became clear that a participant had more to share, he or she was interviewed twice. The second interview deepened and broadened the findings of the first. Three interviews were repeated.

All interviews were conducted in Farsi and were digitally recorded. The first question was common to all: “What effect has nursing had on you? Please talk about how you have changed as a result of your job.” The participants were then asked penetrating questions to clarify their responses, especially on spiritual matters. Data saturation was achieved after interview 17. The last two interviews simply validated and densified the categories.

### *Data analysis*

Content analysis is used to explain phenomena in which theory and literature are limited. Like other qualitative research methods, it allows the researcher to discover categories and subcategories inside the data.<sup>28,31</sup> In this study, verbal records of the interviews were listened by the researchers several times and then transcribed verbatim. Every manuscript was read at least three times to obtain a comprehensive understanding of the statements. Then, manuscripts were analyzed using the Graneheim and Lundman content analysis method as follows:

1. Transcribe the interviews word-by-word and read them thorough several times to obtain a comprehensive sense of transcripts.
2. Divide the text into units of meaning that are condensed.
3. Abstract the condensed meaning units and label them as codes.
4. Sort the codes into subcategories and categories based on comparisons regarding their similarities and differences.
5. Formulate themes as the expression of the latent contents of the text.<sup>27</sup>

### *Trustworthiness*

The methods proposed by Lincoln and Guba<sup>28,32</sup> were used to increase the accuracy of the study. Member checking was employed to confirm the emerging codes and categories to ensure these were only experiences of the participants. Prolonged engagement with the codes and participants and simultaneous data collection and data analysis were used for data immersion. Adequate variation of experiences was obtained by selecting participants according to their educational levels, work status, hospitals, and provinces in which they worked and lived to confirm transferability and credibility. The interviews, coding, and categories were revised by the research team to confirm dependability. The research process was documented to confirm authenticity.

### *Ethical considerations*

This study adhered to the principles of the Helsinki declaration.<sup>33</sup> The focus was on preserving the participants' autonomy, confidentiality, and anonymity. They were informed that participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time without penalty. The participants were reassured that their responses and identities would be confidential and anonymous during the study, and in any publication of the study results, they were told the study purposes and trends, and their rights were emphasized. The participants were asked for permission to record their voices and were asked to sign written consent forms.

This study was a part of a dissertation for a PhD in nursing and received financial support from the Vice-President of Research at Kerman University of Medical Sciences in adherence with ethical guidelines. Formal approval for this research was obtained from Kerman University of Medical Sciences and each study hospital.

### *Findings*

The participants determined three themes for spiritual development: obligation and respect to religious principles, commitment to ethics, and commitment to law (Table 2).

## **Theme I: obligation to practice religious principles**

### *Loving service to people*

Many nurses have chosen their profession because of personal interest in and love of it. The majority of nurses in Iran, including the participants of this study, are women who naturally love being mothers, hence the serving and caring nature of their work. Iranians are primarily Muslims, for which service to others is regarded a virtue. An example of this attitude is illustrated by the statement of participant 17:

From childhood, I enjoyed attending people, especially the sick. I entered nursing to do this. I enjoy this more and more now that I am a nurse—not for profit—but for myself. (Married, female, 45 years, nursing manager)

### *Faith in God's supervision*

One of the main effects of religion emerges for those who feel that God is ubiquitous and watches our actions. This belief has been widely observed in the ideology of nurses. For example, participant 14 stated,

**Table 2.** Themes and categories of research findings.

Theme	Category
Obligation to religion	Loving service to people Faith in God's supervision Seeking justice and rights Carry out religious duties
Commitment to law	Knowing legal obligations Carry out legal obligations Report legal issues Avoid concealing mistakes
Commitment to ethics	Commitment to justice when providing care Respecting the dignity of the patient Benefitting people by empowering them with knowledge and skills Maintaining the spirit of serving people Conscience commitment Integrity Professional honesty Devotion Altruism Optimism

In the ICU, the patient is unconscious. He may not understand or notice many things, but we believe that God is always there. Even if we are alone, we should do our best for the patient, because there is one who sees everything. (Married, female, 29 years, ICU nurse)

### *Seeking justice and rights*

Rights are essentially normative rules about what people are permitted to do or what they are owed; justice follows fulfillment of rights. Men who love justice observe others' rights and shun injustice. The participants frequently spoke of seeking justice to maintain patients' rights. Participant 11 stated,

Once I realized that the autonomy of a patient was being violated. It seemed to be injustice and I couldn't tolerate it. I wanted to discover cause and source of the problem. I asked my colleague about it. When I failed to be convinced, I reported the incident and pursued a response. (Married, female, 27 years, emergency room nurse)

### *Carry out religious duties*

Every religion has a series of rules for their followers to obey. The participants considered patient care as a religious duty. They adhered to nursing procedures as their religion commanded. Participant 14 stated,

When I think that something is harmful for my patient, I try to avoid it because I feel that I'm committing a sin. Sometimes the efforts on behalf of my patient are my religious duties. (Married, female, 29 years, ICU nurse)

## Theme 2: commitment to law

### *Knowing legal obligations*

Nursing has its own rules and obligations, and a nurse is required to know the theory behind them. The participants said nurses must be familiar with all legal obligations, rules, policies, provisions, and guidelines about their profession. Participant 2 said,

We have a legal obligation toward the patients. There is a legal need for some of the nursing reports; we must record them. The care, treatments, doctor's visits and prescriptions must be recorded in the patient record. (Married, female, 34 years, ICU nurse)

### *Carry out legal obligations*

Laws are established for the protection of humans, but recognizing them is not useful without adhering to them. This can contribute to the spiritual development of nurses. A nurse must adhere to all legal obligations, provisions, policies, and guidelines in practice. Participant 16 said,

I have sometimes seen my colleagues use a laryngoscope blade that had been used on one patient for another patient without cleaning it. I developed an antibiotic lotion and asked my colleagues to immerse the laryngoscope blade in the lotion after using it. This way, I complied with my professional and legal duty to prevent infection. (Single, male, 27 years, anesthesiologist)

### *Report legal issues*

A spiritual human recognizes his legal duty, is committed to it, and reports to the relevant authorities what he feels must be reported. The participants stated that issues may arise during work which should be reported to the legal authorities. The hierarchy of management should be considered here. For example, participant 12 stated,

I report shortcomings and negligence of colleagues and sections because the law must be adhered to and work must be done correctly. (Married, female, 27 years, CCU nurse)

Participant 17 discussed reporting issues to authorities outside the health system:

When I was a supervisor, we had a case of child abuse. He didn't have a good family. I sent a complaint with the help of colleagues and pursued the case through the legal authorities. (Married, female, 45 years, nursing manager)

### *Avoid concealing mistakes*

Every human being makes mistakes. Participants cited work congestion, lack of awareness, the heavy workload, and fatigue as sources of error. One aspect of spiritual development is to avoid concealing ones' own mistakes and those of others to conceal damage. Participant stated,

They taught us not to hide or ignore our mistakes or that of others. It's never too late to correct a mistake! I am now accustomed to this principle. When I see a mistake, I don't hide it. (Single, female, 28 years, head of emergency shift)

### **Theme 3: commitment to ethics**

#### ***Commitment to justice when providing care***

This is a principle of bioethics which is of great interest in religion. The participants were Muslims and take this principle into account. Participant 1 stated,

The social status and isolation of a patient must not affect me as a nurse or the quality of my care or behavior toward a patient. (Single, female, 32 years, head of ICU)

#### ***Respect for dignity and munificence of humans***

Human dignity is important to health. All humans have dignity that does not depend on their religion, race, economic status, and nationality that must be considered. Participants of this study noted that every human under all conditions should be respected. Adherence to this can help nurses promote the health of society. Participant 5 states,

When I work for a patient, I consider the patient to be a human being, not just a patient, and his dignity is equal to that of a healthy person. I have to do my best for a human being. (Male, 39 years, head of shift in ICU)

#### ***Benefit patients by commitment to increasing personal knowledge and skill***

Every day the body of nursing knowledge expands to increase the level of health in the society. The seekers of science are idealists. Updating the knowledge and skills of nurses is useful for both nurses and patients. Knowledge and skills in nursing require competency, which is the ability to provide the best quality of care for a patient. A nurse who updates his or her knowledge and skills increases his or her competency. Participant 9 said,

We should not stop trying when we reach a deadlock in treatment of a patient. In our section, when we don't know something, we try to understand it by holding an educational conference. We participate in training programs seriously and try to be useful to others. If the personnel of other sections have a particular skill, we try to learn from them. (Male, 46 years, supervisor of CCU)

#### ***Maintain the spirit of serving people***

Nursing is a caring profession. The researchers recognize that this profession has always existed and that nurses exist everywhere. A nurse feels obligated to her duty everywhere and is mindful of caring for others. Participant 17 clearly says,

While I've been working as a nurse, I have considered one thing; that we are nurses at any place, at home, and in society. Our real workplace is not just a hospital. It's not limited to a specific time. I'm always ready to serve people as a nurse. Sometimes our job is just teaching a simple point. (Married, female, 45 years, former clinical supervisor)



### *Conscience commitment*

In their free time, humans review their work. Sometimes the results of daily work bother the conscience. This helps nurses to think more about patients and their behavior toward patients and colleagues and to judge themselves. This judgment clarifies future behavior. Participant 18 said,

It is very good for a nurse to have a conscience. Sometimes we might want to do something wrong and the conscience prevents us from doing that. It doesn't allow me to intentionally neglect my patient and make a mistake. It does not leave us unbothered by unintentional mistakes either. (Married, female, 28 years, ICU nurse)

### *Integrity*

All humans seek perfection and prefer to be known as honest and sound. It is the nature of a human to disdain anything that represents him as incomplete or powerless. This is true for all works, small or large. Participant 2 discussed integrity while bandaging a male patient:

It was very difficult for me to change the bandage on the groin of a male patient. I transferred him to a room to make my job easier. No one was there, I could have only changed the strips, but I decided to do my job completely. (Married, female, 28 years, ICU nurse)

### *Professional honesty*

Honesty is desirable anywhere and leads to trust. The participants indicated that patients and their families expect the medical care system to be honest with them, so they can better accept what they hear from the system. Participant 4 said,

A patient came to the hospital with an amputated finger. I told him. "This location does not have the equipment to transplant an amputated finger, but there is another center that can do this. If it is important and you can afford it, go there. They can do it better." (Married, male, 39 years, emergency shift nurse)

### *Devotion*

It is often observed in human relationships that people withdraw their rights to the benefit of others. These rights sometimes include the basic needs and essentials of humans. Nurses also sacrifice their benefits to the good of their colleagues or patients. For example, participant 12 said,

I don't think very much about job exhaustion, exhaustion is not important for me at all. For example I might have had cold or have to participate in a ceremony or celebration but because of the work of my patient, I went to work. (Married, female, 28 years, ICU)

### *Altruism*

Nurses are interested in their fellow men and suffer when they suffer. This feeling of altruism is associated with their feeling of sympathy and they eventually try to help patients without expectation of reward. Participant 1 said,

There is a feeling inside me when I see a suffering patient; I cannot be indifferent. A sense of altruism prevents me from being so. I always have this feeling at work. (Single, female, 32 years, head of shift, CCU)

### *Optimism*

Successful people create the opportunity from threats and deal with bad circumstances logically. This type of thinking brings about peace of mind for them and their colleagues. Participant 17 describes this type of behavior with her colleagues:

In general, I have tried in my life to look at the bright side. When I work with my colleagues I try to be optimistic toward their work and behavior; this way everything is better. (Married, female, 42 years, emergency room nurse)

## **Discussion**

This study was conducted in a culture in which everything, including laws and ethics, is influenced by religion;<sup>5,7</sup> thus, spiritual development follows the themes of obligation to religious principles, commitment to law, and commitment to ethics. McSherry and Smith<sup>34</sup> found that “many of nurses’ descriptions of spirituality can be classified as core nursing values.” The core values mentioned by our participants were legal, ethical, and religious.

Iranian culture is religious, which affects the professional behavior of Iranians. The participants in this study said that they loved to serve humans as “servants of God on earth.” They do not consider treatment and caring sufficient for restoration or promotion of health in patients, but maintain an abiding faith in God in their work. These participants not only look at their job as a professional task but also regard it as a religious duty. They believe that negligence when working with patients is a sin and optimal care of a patient will be rewarded by God. Their religious beliefs motivate them to seek justice and try to put it into practice. Previous studies have shown that ethics is an important factor to achieve organizational commitment and that looking at spirituality is a characteristic of the ethical climate.<sup>35</sup>

Spirituality has been addressed through different religious-based beliefs.<sup>36</sup> Indeed, spirituality and religion reinforce each other,<sup>2</sup> but it is not certain that religious people are necessarily more spiritual than others or that those who do not follow a particular religion are not spiritual.<sup>3,17,37,38</sup> McSherry and Jamieson<sup>25</sup> emphasized that religion was an emerging theme related to spirituality, which supports the results of this study. Benson and Roehlkepartain<sup>24</sup> stated that lifestyle is one part of spiritual development. Because religion affects many aspects of lifestyle,<sup>39</sup> it can be concluded that Benson and Roehlkepartain support the findings of this study.

Spirituality is a state of being and spiritual health is a state of owning. Spiritual health is predicated on the sense of being accepted, positive emotions, ethics, and a sense of connectedness to the divine power of God. Ethics and moral behavior is a way to achieve spirituality and spiritual health.<sup>40</sup> Ethics is a basic principle of nursing that motivates youth to participate in social activities and promotes their social development.<sup>41,42</sup> Ramezani et al.<sup>43</sup> found that a nurse who respects the moral beliefs and the social and religious values of a patient and emphasizes the ethical aspects of care provides a suitable environment for the spiritual development of the patient. The majority of participants highlighted ethical attributes in their statements. On the other hand, Borhani et al.<sup>44</sup> found that an ethical climate can increase job satisfaction in nurses, while another study showed that when acting ethically seems difficult, moral distress can cause nurses to leave and not participate.<sup>45</sup>

Nursing is a science and a profession with humans as its subject; humans are social beings who must communicate with others. Kangasniemi et al.<sup>41</sup> state that “the basis of spiritual development is individual and professional commitment, rights, tasks, and responsibilities and its ultimate goal is to create a healthy society.” Ethical principles must be respected and rights, duties, and responsibilities must be taken into account. In human relationships, devotion and sacrifice, honesty, justice, respect for human dignity, scientific advancements, conscience, integrity, altruism, and optimism were the most important ethical principles reflected in the statements of the participants. Observance of these principles was useful for the patients and produced satisfaction in the nurses. A peaceful and satisfying workplace provides a good space for the development and spiritual health of the personnel.<sup>35</sup>

Although the relationship between ethics and religion is complicated and is associated with doubt,<sup>2,3</sup> no study has rejected their effects on spiritual development. Moreover, researchers have referred to both ethics and religion in the definition of spirituality,<sup>2,3,23,43,46</sup> which supports the present findings about the relationship of ethics and religion to spirituality and spiritual development. Benson and Roehlkepartain<sup>24</sup> described connection and belonging as part of spiritual development, and it is generally accepted that ethics are required for successful communication with one other. This is aided by the similar religion and nationality of the participants of these studies; but the findings of this study cannot be generalized to other nations and religions in terms of spirituality.

Familiarity with the law improved the performance of nurses. The rules and regulations of nursing, its errors and standards, are similar all over the world.<sup>47</sup> Kangasniemi et al.<sup>41</sup> state that spirituality is created by the logical use of rules by people. Participants indicated that the guidelines, standards of care, and legal rules of the country predicate their professional performance and civil behaviors. Awareness of the law, obeying the law, seeking help from the law, and admitting mistakes are necessary for impeccable development and to maintain the health of nurses, patients, and society. Nurses stated that under the umbrella of legal support, they act better and that sometimes a lack of legal support can be stressful.

Benson and Roehlkepartain<sup>24</sup> cited awareness and awakening as part of spiritual development. Considering the statements of the participants, it can be said that without law they cannot be achieved. McSherry and Jamieson<sup>25</sup> stated that education and professional development is part of spirituality. Nurses pointed out the defects of the educational system with regard to rules and their expectations;<sup>47</sup> hence, the law and ethical principles are related to spiritual development and should be adhered to by nurses. It cannot be denied that the law is necessary for safety, protection, and development. Although the relationship between law and spiritual development is a unique finding of this study, it is not clear whether this commitment is obligatory or voluntary and further research is needed in this area.

## Limitations

Concern about the probable consequences of reporting of ethical and legal dilemmas in the workplace was a major limitation of this study. An attempt to ameliorate this concern was made by keeping the identities of the participants confidential and anonymous. Another limitation of the study was that, in Iranian society, everything is influenced by religion; this cannot be generalized to other societies. An additional limitation may be that the data were analyzed by Iranian nurse researchers. Like other qualitative studies, content analysis with a small group of participants is not sufficient, probably.

## Conclusion and recommendation

The findings of this qualitative study emphasize the need for development of spirituality in nurses and in students of nursing. These results may appear similar to those of previous studies that encourage nurses to study spiritual development without adding new perspectives on nursing, but the study attempted to explore

the unknown dimensions for training of nurses. It can be said that spiritual development is essential for the management and programming, education, and nursing practice and that subjects such as ethics, law, religion, and humanistic principles must be incorporated into the nursing curriculum. This can promote the professional development of nursing and contribute to the maintenance and promotion of the health of society. No articles dealing with the effect of law on spirituality and spiritual development has been found in the literature, and further research is needed in this area.

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